

**Company Name**  
**Company Address**  
**City, ST, Zip**

Date: \_\_\_\_\_  
Certificate Questions: Phone Number  
TTY: Phone Number

**Member Name**  
**Member Address**  
**City, ST, Zip**

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## CERTIFICATE OF HEALTH COVERAGE

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Identification #: \_\_\_\_\_  
Type of Plan: \_\_\_\_\_

Insured Member: \_\_\_\_\_  
PLAN DESCRIPTION: \_\_\_\_\_

Name	Date Eligibility Waiting Period Began	Date Coverage Began	Date Coverage Ended
Member Name			

\*The member has had at least 18 months of continuous creditable coverage.

**Plan Administrator:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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## Statement of HIPAA Portability Rights

**IMPORTANT — KEEP THIS CERTIFICATE.** This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

**Preexisting condition exclusions.** Some group health plans restrict coverage for preexisting conditions. A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your “enrollment date,” which is your first day of coverage under the plan, or the first day of your probationary period (typically, your first day of work). A preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee), and does not apply to pregnancy or to a child enrolled within 30 days after birth, adoption, or placement for adoption.

A preexisting condition exclusion must be reduced by your prior creditable coverage. Most health coverage is creditable coverage, even though not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, talk to your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate, if you did not have a break in coverage of 63 days or more. Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a break.

**Right to get special enrollment in another plan.** Under HIPAA, if you lose your group health plan coverage, you may be able to enroll in another group health plan for which you are eligible (such as a spouse’s plan) if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

**Prohibition against discrimination based on a health factor.** Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan, or charge you more than other similarly situated enrollees, based on anything related to your health.

**Right to individual health coverage.** Under HIPAA, if you are an “eligible individual,” you have a right to buy certain individual health policies without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan;
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for or have exhausted COBRA continuation coverage or similar continuation coverage; and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

➔ You should apply for individual coverage as soon as possible.

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**State flexibility.** This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

**For more information.** If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for “Protecting Your Health Insurance Coverage”). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL’s interactive web pages - *Health Elaws*, or <http://www.cms.hhs.gov/hipaageninfo>

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